

RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A SPEECH-LANGUAGE PATHOLOGY ASSISTANT

Division 13.4 of Title 16, California Code of Regulations Section 1399.170.15 requires that any qualified speech-language pathologist who assumes responsibility for providing supervision to a registered speech-language pathology assistant to complete and sign under penalty of perjury, the following statement.

Speech-Language Pathology Assistant's Name	SPA Number
Supervisor's Name	License Number

As the supervisor:

- 1) I possess the following qualifications to supervise a speech-language pathology assistant:

A California license issued by the Speech-Language Pathology & Hearing Aid Dispensers Board

-OR-

A valid and current Professional Clear, Clear, or Life Clinical or Rehabilitative Services Credential in language, speech, and hearing issued by the California Commission on Teacher Credentialing

(please attach a copy of the credential-front and back)

_____, _____
 License # Issue Date

_____, _____
 SSN # Issue Date

- 2) I will immediately notify the assistant of any disciplinary action, including revocation, suspension, even if stayed, probation terms, inactive license, or lapse in licensure, that effects my ability or right to supervise.
- 3) I will complete not less than six (6) hours of continuing professional development in supervision training in the initial two year period from the commencement of supervision, and three (3) hours in supervision training every two years thereafter pursuant to Section 1399.170.15(b)(4) of the California Code of Regulations.
- 4) I will maintain records of course completion for a period of two years from the speech-language pathology assistant's registration renewal date.
- 5) I know and understand the laws and regulations pertaining to the supervision of assistants and the experience required for registration as a speech-language pathology assistant.
- 6) I will ensure that the extent, kind, and quality of the clinical work performed is consistent with the training and experience of the speech-language pathology assistant and shall be accountable for the assigned tasks performed by the speech-language pathology assistant.
- 7) I will review client/patient records, monitor and evaluate assessment and treatment decisions of the speech-language pathology assistant, monitor and evaluate the ability of the assistant to provide services at the site(s) where he or she will be practicing and to the particular clientele being treated, and ensure compliance with all laws and regulations governing the practice of speech-language pathology.
- 8) I will assist with the development of a plan for the speech-language pathology assistant to complete twelve (12) hours of continuing professional development every two years, through state or regional conferences, workshops, formal in-service presentations, independent study programs, or any combination of these, concerning communication disorders.
- 9) I will address with the speech-language pathology assistant the manner in which emergencies will be handled.

- 10) I will provide this board with this original signed form within thirty (30) calendar days of commencement of any supervision. I will provide a copy of this form to the speech-language pathology assistant.
- 11) At the time of termination of supervision, I will complete the "Termination of Supervision" form 77ST(new 12/99). I will submit the original signed form to the board within fourteen (14) calendar days of termination of supervision.
- 12) Upon written request of the board, I will provide to the board any documentation, which verifies my compliance with the requirements set forth in this statement.
- 13) I will not supervise more than three (3) support personnel, not more than two of which hold the title of speech-language pathology assistant.

Multiple Supervision Statement

Are you supervising an assistant who has more than one supervisor? _____ Yes _____ No

If yes, please indicate whether you will be the supervisor designated as the lead supervisor for the purposes of assisting the speech-language pathology assistant in his or her compliance with the continuing professional development requirement pursuant to section 1399.170.17 of the California Code of Regulations.

_____ Yes _____ No

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and the information submitted on this form is true and correct.

Print Name of Qualified Supervisor	Signature of Qualified Supervisor (in blue ink)	Date	
Date Supervision Began			
Mailing Address: Number and Street	City	State	Zip Code
Qualified Supervisor's Daytime Telephone Number: (_____) _____			

Print Name of Speech-Language Pathology Assistant	Signature of Speech-Language Pathology Assistant (in blue ink)	SPA Number
Mailing Address: Number and Street		
City	State	Zip Code

****ATTENTION****

We are no longer sending approval letters. You must go to our website under "Verify a License". Enter only your last name, when you find your full name click on it. When your record appears look under "Related Licenses/Registrations/Permits" to view your approved speech-language pathology assistants and/or supervisors.

DO NOT FAX THIS FORM